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MN010401. TRICARE Puts New Emphasis on Prevention
By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, Jan. 24, 2001 -- The military health system is rapidly changing from a system that deals with health problems to one that prevents them, officials said.

"We're moving to a time when every enrollee in the ... system will know their provider," Dr. H. James T. Sears said Jan. 22 at the annual TRICARE Conference here. "That provider will know them and their health status, will have met their medical needs, and will be actively maintaining their health."

Sears is executive director of the TRICARE Management Agency here. Healthcare providers and administrators from throughout DoD met Jan. 21-25 to discuss advances and issues affecting them.

Sears cited many recent improvements in claims processing and access to care and told conferees they are participating in "the development of a model healthcare system for the nation." The next big steps, he said, will be launching computerized records and a national enrollment database in summer 2001 to ease enrollments and claims and to make population health trends easier to track.

He noted TRICARE is also planning a wide array of Internet- based

services in the near future.

But to make TRICARE "the national model we want it to be," officials need to work on several areas, including "leadership committed to change, innovation and some risk taking," Sears said. He also cited two needs: organizational changes to eliminate redundancy, and a better way to pay for military medical care.

"We need a new process for funding the defense health program that removes our entitlement program from the discretionary budget on hand," Sears said. "We need to fund the benefit up front."

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MN010402. Marine Commandant ties TRICARE to Military Readiness

By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, Jan. 24, 2001 -- Medical care is a key component of military readiness, the nation's top Marine said here Jan. 22.

"This fact is obvious to anyone who has watched an episode of M*A*S*H," Gen. James Jones, Marine Corps commandant, said to military healthcare providers and administrators assembled here Jan. 21-25 for the annual Conference.

The military health system influences readiness by caring for troops around the world and by caring for family members, and retirees and their spouses at home, he said. TRICARE is particularly helpful in meeting healthcare needs of members and families stationed away from military medical treatment facilities, Jones said.

But TRICARE also influences the intangibles of military readiness, such as morale, the will to fight and dedication to duty, he said.

"Our men and women in uniform perform their daily tasks better ... if they are not distracted by worries concerning their families," he said. Distractions and worry affect people in all fields, but the stakes are sometimes higher in the military, he asserted.

"We belong to one of the few professions in our society where duty and mission accomplishment often place us in harm's way," Jones said. "Even in times of peace, our military service members often have tremendous responsibilities while working under stressful circumstances far from home."

He also noted TRICARE influences retention by providing healthcare for military retirees. "Your role in caring for veterans helps to express the nation's gratitude for their selfless service," Jones said.

The commandant said TRICARE has improved customer service and needs to continue those efforts. He specifically pointed to better training for customer service representatives.

"The Sergeant Major of the Marine Corps, Sgt. Maj. Alford McMichael, has happily noted that TRICARE no longer dominates the discussions that our senior enlisted leaders have concerning the problems and challenges service members face," Jones said.

He noted some members' opinions may be based on past unpleasant experiences that TRICARE has worked hard to fix.

"TRICARE should be assessed by its performance today, not by the mistakes of yesterday," he said. "Service members need to be aware that many problems have been rectified. Improvements have been made and continue to be made."

He also told the conferees they need to make it easier for service members to move from one TRICARE region to another.

"The experiences that service members have with TRICARE should be the same regardless of the TRICARE region in which they receive care," Jones said.

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MN010403. Teamwork leads to Retention Excellence Award
From U.S. Marine Forces Pacific

Naval Hospital 29 Palms, Naval Hospital Guam, Naval Hospital Yokosuka, Naval Dental Center Pearl Harbor and Third Marine Division recently earned the FY00 Retention Excellence Award.

When asked to comment on their second consecutive award, the Third Marine Division retention team said how they're doing it is no secret. In fact, it's a system that's been around as long as the military. In a word: teamwork.

"We combine all the factors necessary to create a cohesive unit," said Chief Petty Officer Jack Bosma, Navy training officer and former command career counselor for Third Marine Division. "And then we implement them in our day to day rituals."

The first of these factors is training. For Sailors with the division, there is a wider range of opportunities to learn new skills and practice old ones. For example, a corpsman working with the 12th Marine Regiment will not only hone his medical expertise, but he may also learn how to fire a 240 golf machine gun, pull the lanyard on a 155mm howitzer or fast rope out of a helicopter.

"Once these young Sailors come over here and work with Marines, going back to shore duty at a hospital or naval base just might not seem as exciting," said Bosma. "Granted, not all of these experiences are exciting, but they are still opportunities that they wouldn't have in many other places."

One such opportunity is the Jungle Warfare Training Center (JWTC). The division trains 50 corpsmen at a time on valuable skills necessary to survive and treat casualties in a jungle environment.

The second factor essential to the division Sailor's success as a unit is education - and, whether it's civilian or military, this is a high priority.

Through a program called continued medical education, Cmdr. Michael Maddox, the division surgeon, holds classes every month where new medical procedures are taught and old ones are brushed up on. While these classes are aimed at improving the skills of the division's medical officers, they are open to enlisted medical personnel as well.

Promotions are the third factor crucial to division Sailors.

"Eleven of the 17 board eligible Third Marine Division Sailors (65% selection rate) were selected to be chief petty officers with the Navy average being 25%," said Master Chief Petty Officer Timothy Fox, command master chief, Third Marine Division. "We also have a combined advancement rate of 39 percent for ranks E-4 to E-5, which tops the Navy average of 27 percent."

It is these three factors - training opportunities, advanced education and promotions - that combine to make the Sailors stationed with Third Marine Division stand out as they do, according to Bosma.

"It all centers around job satisfaction," he said. "If you love your job, you'll want to keep doing it."

HM2(FMF) Christopher Hawk, command career counselor for Third Marine Regiment, Third Marine Division's Hawaii unit, expressed that it is certainly a great honor to be recognized for this award, but it is certainly a team effort.

"Our Sailors have been well taken care of while on deployment to Okinawa," Hawk said. "Further, I feel that I have the greatest job in the Navy, I get a charge out of talking to Sailors and being able to give them information they need. Being able to dispel rumors about a program they

'heard from a friend' and give them the facts is also rewarding."

Bosma points that Sailors throughout Third Marine Division have expressed that their command promotes a working environment of pride and professionalism. Every good thing the Sailors do is mentioned publicly. Even the smallest effort is recognized. This makes them proud of what they do and encourages them to stay in the military and strive to be their best, Bosma added.

"Individual and team excellence is encouraged. Individual excellence recognizes deserving personnel by nominating them for specific awards, Bosma said. "As for team excellence, we encourage our personnel to help each other prepare for advancement and special recognition

"By working together we all ask nominees questions every time we see them in the passageway," Hawk said. "If our person gets selected we thank the entire team for their efforts in helping each other."

Third Marine Division leaders encourage everyone to participate in planning, decision-making and process improvements, whether it is long term or short term. This gives them a sense of being part of the team.

"Recognition, motivation and being part of a 'winning team' motivates us to stay in Third Marine Division and the Navy," Bosma said.

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MN010404. NH Okinawa repeats as Corpsman's Cup champions

By HMCS(FMF) A. H. Sugay

U.S. Naval Hospital Okinawa (USNHO) "Docs" did it again. For the second straight year, Hospital Corpsmen from USNHO captured the ever elusive and extremely challenging competition -- The island-wide Corpsman's Cup.

The USNHO docs fielded 2 teams against the best squads from Fleet Marine Force (FMF) units assigned to Third Marine Division, Third Force Service Support Group, 1st Marine Air Wing, III Marine Expeditionary Force, and Unit Deployment Program (UDP) Personnel from Hawaii and North Carolina.

USNHO members come from various departments -- emergency room, orthopedics, labor and delivery, surgical services, and branch clinics.

The USNHO teams were very "green" indeed. Nine out of the 12 members did not have any type of field experience. This daunting task of converting "raw" energy into a championship team wrested on the shoulders of team captain HM3 Blanco, guided by team coach HMCS Hartzell.

"They only had a couple of months to prepare, so they sacrificed their off-duty hours, including weekends for training. Now that is what I call dedication," Blanco said.

The weeklong event finally arrived and each participating team went all out to try and beat the defending champions. The competition was composed of a written exam, land navigation, endurance race, pistol qualification, the Marine Corps Obstacle Course, and the combat water recovery event. The final event was an eight-mile forced march, with each Sailor carrying 80 pounds of gear to simulate operational conditions.

"On the final day, none of our teams were securely in first place, but our guys gave it their all on the forced march, which clinched it for us", HMCS Hartzell said.

The USNHO Command Master Chief, Laura Martinez, was with her Sailors every day, encouraging them through all the grueling events.

"I believe it helped our Sailors to dig deeper and give it their best shot, knowing that their command leadership was there rooting for them. I am so proud of their accomplishments," Martinez said.

Brigadier General Timothy E. Donovan, deputy CG, III MEF, pinned Navy and Marine Corps Achievement Medals to the USNHO Team B -- HM3 Cesar C. Blanco (Team Captain), HM3 Leander J. Beams, HN Jonathan E. Farrow, HN

Christian Camacho, HN Charles Green, and HA Tracy M. Brown.

USNHO Commanding Officer, CAPT Mittelman, awarded Navy and Marine Corps Achievement Medals to Hospital Team A. Members were HM3 Donald L. Sanchez (Team Captain), HM3 Gabriel A. Leyva, HN Laura L. Dunn, HN Glenn T. Feliciano, HN Michael R. Garcellano, and HN Colin S. Christian.

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MN010405. TRICARE Q&A:

Question: How do we obtain emergency care under TRICARE?

Answer: Any eligible beneficiary should access the nearest emergency room of any military or civilian hospital for true emergencies, regardless of which TRICARE option you use. There are no out-of-pocket costs for any care received at a military hospital, including emergency room care. The out-of-pocket costs for care received at a civilian emergency room for families of E-4 and below enrolled in Prime is \$10. For families of E-5 and above and retirees and their families, the copay for an emergency room visit is \$30. This single payment, \$10 or \$30, includes all emergency room services provided in conjunction with the visit. For those who have chosen to remain in TRICARE Standard, or use the TRICARE Extra program, their regular deductibles and copayments apply.

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MN010406. CARBON MONOXIDE - AN INCONSPICUOUS KILLER

By Dr. James Caruso, Naval Hospital Pensacola

It is an all-too-common occurrence seen with alarming regularity each winter. A family is brought into the emergency room of a hospital after one or more members are found unconscious due to the effects of carbon monoxide.

In fortunate cases, one member of the family will awaken during the night, or someone else will arrive and call for medical assistance. Sadly, it is often too late for some of the victims and far too many will suffer permanent disability or death from the exposure.

With the month of February still expected to bring additional cold weather, it should prompt everyone to reflect on the 'hidden' dangers. Carbon monoxide is a colorless, tasteless, odorless gas produced by the combustion of hydrocarbon fuel sources such as gasoline and natural gas.

It is the No. 1 cause of death due to poisoning and accounts for nearly half of all fatal poisonings in the United States. Approximately 4,000 deaths due to carbon monoxide poisoning occur in the U.S. each year with half of those being accidental.

In northern states, as the cold weather sets in during the early fall, the emergency rooms begin to see a dramatic rise in carbon monoxide poisoning cases. These episodic cases are usually related to faulty home heating devices and most could be prevented with routine maintenance.

Other serious cases of carbon monoxide poisoning have been associated with passengers riding in the back of a covered pickup truck with the rear window open, small planes with faulty heating systems, the indoor burning of charcoal briquettes, and recreational boat motors.

Of course, one of the most serious consequences of house fires is smoke inhalation with carbon monoxide poisoning. An obscure source of carbon monoxide are the fumes from paint stripper.

Carbon monoxide acts by attaching to hemoglobin, the blood protein that carries oxygen to the cells, and depriving vital organs of the oxygen necessary for life. Unfortunately, hemoglobin preferentially binds to carbon monoxide more than 200 times better than it does with oxygen. The end result is that the organs and tissues will be deprived of oxygen, even when there is a normal amount of oxygen present in the air. The severity of the

poisoning is directly related to the level of carbon monoxide and the duration of the exposure.

The symptoms of mild carbon monoxide poisoning are very similar to those of a viral illness and include fatigue, headache, nausea, and vomiting. Severe exposures will result in a loss of consciousness. Those at risk for more severe consequences from exposure to carbon monoxide include the elderly, people with cardiovascular disease and pregnant women, where the fetus is at greater risk than the mother.

The treatment for suspected poisoning due to carbon monoxide is to get the person away from the possible source, followed by a thorough evaluation in the emergency room. High concentrations of oxygen will act to flush the carbon monoxide from the victim's system and, in severe cases, treatment with oxygen in a hyperbaric chamber may be indicated.

Preventive measures include proper maintenance and periodic inspection of home heating systems, appropriate ventilation when using any internal combustion engine, and the use of home carbon monoxide detecting devices. Catalytic converters have decreased the amount of carbon monoxide produced by automobiles, but motor vehicle exhaust fumes remain a significant source of this poisonous gas.

A small amount of preventive maintenance and a little vigilance will ensure that your family will not fall victim to this insidious and deadly poison.

(Cmdr. James Caruso is a board-certified pathologist and a hyperbaric medicine physician on the staff of Naval Hospital Pensacola, Fla.)

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Comments and ideas for MEDNEWS are welcome. Story Submissions are highly encouraged. Contact MEDNEWS editor, At email: mednews@us.med.Navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.